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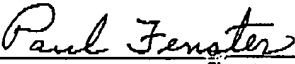
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Applicant: Omer Shibolet  
Serial No: 09/622,731  
Filing Date: August 21, 2000  
For: AUTOMATIC PATH PLANNING SYSTEM AND METHOD  
Enclosures: (1) Amendment Transmittal (in duplicate); (2) Amendment (11 pages) w/two attachments (Nonlinear Programming (6 pages) and copy of PTO-1449 (3 pages); (3) Acknowledgement Postcard.

Burden Hour Statement: This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



2671

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No.	
Applicant(s): Omer SHIBOLET				032/01702	
Serial No. 09/622,731	Filing Date August 21, 2000	Examiner VO, CLIFF N.	Group Art Unit 2671		
Invention: AUTOMATIC PATH PLANNING SYSTEM AND METHOD					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 FR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	70 -	70 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	4 -	4 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="float: right; text-align: right;">RECEIVED NOV 04 2003 Technology Center 2600</div> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3419 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature Paul FENSTER, Reg. No. 33,877			Dated: October 28, 2003		
William H. Dippert, Esq. Reed Smith LLP 599 Lexington Avenue, 29th Floor New York, NY 10022-7650  Tel: (212) 521-5400			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</p><p style="text-align: center;">Signature of Person Mailing Correspondence</p><p style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</p></div>		
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